

Date Results Received:	Date Notification Due:	Date Notification Completed:
Date of Sampling:	Work Location:	
Work Being Conducted:		
This Section to be completed by the Industrial Hygiene Professional		
Exposure in Compliance with ACGIH & OSHA	Exposure Exceeds Standard but Employee Protected by PPE	Exposure Exceeds Standards (ACGIH or OSHA)
Review of this data indicates exposure levels were in compliance with regulatory limits. The employees represented by this exposure monitoring were informed of the results by: Print Name: Notifier's Signature:	Review of this data indicates ambient levels were above a regulatory level. Worker's personal protective equipment was sufficient. Employees represented by this exposure were informed of the results and corrective actions by: Print Name: Notifier's Signature:	Review of this data indicates exposure levels were ABOVE a regulatory limit. The employees represented by this exposure monitoring were informed of the results and corrective actions by: Print Name: Notifier's Signature:

Hazard: NOISE				
	ACGIH Exposure (Adjusted for PPE) TLV= 85 dBA TWA8 or TLV = 100% Dose		OSHA Exposure (Adjusted for PPE) PEL= 90 dBA TWA8 or PEL = 100% Dose	
	During Sampling	Estimated for day	During Sampling	Estimated for day
Employee Name: BNL ID #: <input type="checkbox"/> PPE Used: Adjusted NRR =	Dose = dBA =	Dose[8 hr] = TWA8 dBA=	Dose = dBA =	Dose[8 hr] = TWA8 dBA =
Employee Name: BNL ID : <input type="checkbox"/> PPE Used: Adjusted NRR =	Dose = dBA =	Dose[8 hr] = TWA8 dBA =	Dose = dBA =	Dose[8 hr] = TWA8 dBA =
PEL = Permissible Exposure Limit TLV = Threshold Limit Value Real time Exposure= Noise Level during sampling				

Corrective Actions Required when Personal Exposure is Above Occupational Exposure Limit(s)	
Corrective Action Needed (Substitution, Engineering Controls, Administrative Controls, PPE): NRR=	Implementation Due Date:

Who received a copy of this form: *Write in the name*

Worker:
Worker:
Worker:
Worker:

Supervisor:
IHG:
OMC:
FS Rep:

ESH Coordinator:
Other:
Other:
Other:

Return this form to the **Industrial Hygiene Group (Building 120)**
as soon as employee notification is made.